FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015088 (4)

Principal Place of Business Mailing Address 1117 S.W. 13TH ST. MIAMI FL 33129 MIAMI FL 33129-1836					<u> </u>					
						Date Incorporated or Qualified O2/22/1995	1	te of Last F 17/1996	leport	
2. Principal	Place of Business	2a. Mailing Address	<u>}</u>			4. FEI Number 65-0564613	U V	A	oplied For ot Applicable	
Suite Ap	t. # etc	Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional equired	
City & St. 23		City & State	28			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country Z _{IP} 25 29 3			itry		8. This corporation has tiability for intangible tax under s. 199.032, Florida Statutes				
1 2	9, Name and Address of Cu RA, DANIEL	irrent Hegistered Agent		B1	Name	10. Name and Address of New H	egistered /	agent		
11 Purseat	WII FL 33129	7 0502 and 607 1508 Florida State	utes the ab	ove-	City	poration submits this statement for the	FL purpose of	changing i	Code ts registered	
office or	registered agent or both, in the S ani familiar with, and accept the c	State of Florida. Such change was	authorized	by 1	the corporati	ion's board of directors. I hereby acc	ept the app	ointment as	registered	
SIGNATURE	Styric are 65% at a printed name of register	d agent and tile it apply able. (NC	OTE Registered.	Agen	t signature require	ed when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFF	ICERS AND			
THE	D	☐ DELETE	1.1 TrTL	1.1 TrTLE				☐ Change	Addition	
HAME	LEIRA, DANIEL		1.2 NAN							
STREET ADDRESS	l .		4		IDDRESS					
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STEVEL ALIGNESS				-	ADDRESS					
0-19 - \$1 - 24P			2. 4 CIT		· ·					
14(1)	7	☐ DELETE	3.1 T#TL					Change	Addition	
NAVE			3.2 NAN	ME						
STREET ADDRESS			3.3 STR	REET A	ADDRESS					
017Y ST-769			3.4 CIT		- ZIP					
TifeF		☐ DELETE	4 1 TITL	LE	· 1			Change	Addition	

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual rupor to resupplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that farn an officer or director of the druffunction or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 If I appear or an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

NAM:

 $TP^* L f$

NAME

THE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

City - \$1 - 70°

COY-ST-2P

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4/5/97 (305)436-8988

Change

Change

Addition

Addition

FILED

Apr 18 1997 8:00am

Secretary of State